A STUDENT'S GUIDE TO THE PATIENTS FIRST ACT



WHAT IS BILL 41? Also known as the Patients First Act, Bill 41 makes extensive changes to Ontario's health care policies with the aim of ensuring and improving access to primary health care. The controversial law introduces administrative sub-regions and increases government management of health care planning, funding, and delivery.

Late 2013

May 2015

June 2016

Oct 2016

The *Patients*

Dec 2016

The Ministry of Health and Long-Term Care forms the Expert Advisory Committee on Strengthening Primary Health Care in Ontario.



Groups, now

"sub-regions".

termed as



Bill 210, the Patients First Act, as a response to the Price-Baker Report, though the bill is

The Ontario govern-

ment introduces

terminated when Legislature is

prorogued in the summer.

First Act is reintroduced in the Legislature as Bill 41.





Liberals and opposed by the Provincial PCs and NDP. The bill received Royal Assent on December 8, becoming law.



KEY CHANGES TO ONTARIO'S HEALTH CARE SYSTEM

Introduction of geographic sub-regions.



IMELINE

Sub-regions co-ordinate health care delivery and funding in a geographic area. These <mark>sub-regions</mark> will be created and managed by the existing 14 Local by these sub-regions, including those who practice within family health teams

Rationale:

- all patients will be assigned to a subregion and family doctor (currently 96% of Ontarians have access)
- the government will have more
- local connections between health care professionals will be improved

Concerns:

- funding and care decisions will be made by government employees, who may lack health care experience
- Sub-regions add a layer of bureaucracy, increasing paperwork, time, and costs
- LHINs can bypass the OMA to control funding and resource agreements of physicians in primary care

Greater government oversight.



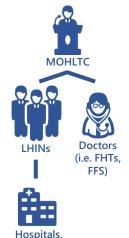
Rationale:

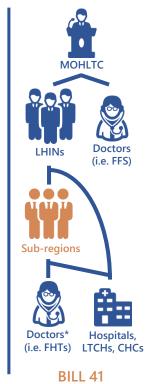
to be accountable

Concerns:

- LHINs have an expanded mandate to the Minister of Health will be able to overrule local health care decisions
 - government investigators will have access to confidential patient records

OUR HEALTH CARE SYSTEM (SIMPLIFIED)





CURRENT

* includes primary care doctors contracted by sub-regions; MOHLTC: Ministry of Health and Long-Term Care; LHIN: local health integration network; Sub-region: also known as "patient care group", "sub-LHINs"; FHT: family health team; FFS: fee-for-service; LTCH: long-term care home; CHC: community health centre; OMA: Ontario Medical Association

WHAT NOW?

Bill 41 comes at a time of high tensions between the provincial government and its doctors. The OMA has stated that the Bill was not "created in collaboration with doctors - our expertise and knowledge was ignored." Now law, various physician groups have continued advocating against Bill 41 while some physicians have refused to join ongoing LHIN consultations regarding Bill 41 implementation. The OMA is now fighting Bill 87, the Protecting Patients Act, which would further increase government access to patient information.

FOR MORE INFORMATION

Contact OPAC at representation@omsa.ca or visit www.omsa.ca/opac.

LTCHs, CHCs

Sources and further reading

Patients First Act: www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=4215 Patients First Act FAQ: www.health.gov.on.ca/en/news/bulletin/2016/hb_20161207_faq.aspx OMA Summary on Bill 41**: www.oma.org/wp-content/uploads/private/bill41summary.pdf OMA Analysis of Bill 41**: members.oma.org/Benefits/pmcphyresources/Documents/Bill41TOP5.pdf Price-Baker Report: www.oma.org/wp-content/uploads/primary_care_price_report.pdf
Price-Baker Report article: healthydebate.ca/2015/11/topic/baker-price-primary-care-report ** an OMA account is required for access

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